

PRINTED: 05/26/2011
FORM APPROVED

Health Regulation & Licensing Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/03/2011
NAME OF PROVIDER OR SUPPLIER RCM OF WASHINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 2510 R STREET SE WASHINGTON, DC 20020		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1000	INITIAL COMMENTS Surveyor: 10663 A licensure survey was conducted on May 3, 2011. A random sample of three residents was selected from a resident population of six men. The survey findings was based on observations in the home, interviews with administrative, nursing and direct care staff, as well as a review of resident and administrative records, including incident reports.	1000	<p><i>Received 6/7/11</i></p> <p>Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 800 North Capitol St., N.E. Washington, D.C. 20002</p>	
1090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Surveyor: 19326 Based on observation and staff interview, the group home for persons with intellectual disabilities (GHPID) failed to ensure the maintenance and upkeep of the facility's environment. The findings include: 1. The facility failed to ensure all window screens were in place and in good condition. The dining room front window screen was laying next to the house. 2. The carpeting throughout the facility was stained with what the facility house manager described as juice spills.	1090		<p>1. The window screens were re-installed on 5/6/2011 by RCM maintenance team. In the future the supervisor for the home will contact maintenance to repair broken items as soon as a need is identified. Staffs in the home are checking daily for needed repairs.</p> <p>2. The carpet was cleaned on 5/4/2011 by Stanley Steamers (see attached receipt) and is usually scheduled for cleaning every quarter due to the use of wheelchairs in the home. A steamer has since been purchased for in between cleaning.</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

TITLE

(X6) DATE

N8VQ11

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1090	Continued From page 1 At the conclusion of the environmental inspection at approximately 9:45 a.m., the House manager made an appointment with a carpet cleaning company to have the carpets cleaned.	1090			
1206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Surveyor: 19326 Based on staff interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that three of thirteen staff secured an annual health screening. (Staff #3 and Consultants #7 and #9) The findings include: Review of Staff #3 and Consultants #7 and #9's personnel records on 5/3/2011 at approximately 10:00 a.m. revealed there was no evidence that a communicable disease screening was completed during the past year. Interview with the facility's support coordinator (SC) at approximately 11:15 a.m. on 5/3/2011 confirmed the above findings. The (SC) indicated she would contact the human resources department to resolve the discrepancies.	1206	Staff #3 and consultant #7 health certificates were current but were missing from the files at the time of the survey. They have since been placed in their permanent records. (see attached health certificate) Consultant #9 has been notified and will submit the completed certificate by 6/10/2011 at which time the certificate will be placed in her permanent records. In the future the supervisor for the home will ensure that the records are checked every month to ensure that certificates are kept current and in the files.		5/6/2011 6/10/2011

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I 226	Continued From page 2	I 226		
I 226	3510.5(c) STAFF TRAINING Each training program shall include, but not be limited to, the following: (c) Infection control for staff and residents; This Statute is not met as evidenced by: Surveyor: 19326 Based on record review and interview, the GHPID failed to ensure that four of thirteen staff had received training in infection control. (Staff #1, #5 #11 and #12) The finding includes: During the record review at approximately 12:45 p.m., on May 3, 2011, no training in infectious control were documented for Staff #1, #5 #11 and #12. At approximately 4:15 p.m., the facility support coordinator (SC) said staff would receive the training as required.	I 226	Training dates are scheduled in advance for the staff in the home. Staffs are notified at least 1 month prior to the training that the training is mandatory and he/she must attend. Most of the staff in the home had been trained on infection control; however, the missing staff training failed to show up to the training. The Support Coordinator has since trained the staff on 5/4/11. In the future the Support Coordinator will ensure that all staff shows up for training and issue disciplinary actions for those who failed to attend. One on one trainings will also be conducted for those who failed to attend to ensure compliance with trainings.	5/4/2011
I 227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans; This Statute is not met as evidenced by: Surveyor: 19326 Based on staff interview and record review, the	I 227		

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I 227	Continued From page 3 group home for persons with intellectual disabilities (GHPID) failed to show evidence that Staff #4 had current training in Cardiopulmonary Resuscitation (CPR) and that Staff #5 and #9 had current training in first aid. The finding includes: A review of personnel files for Staff #4, did not reflect training in Cardiopulmonary Resuscitation (CPR) and staff #5 and #9 did not have current training in first aid training. Interview with the support coordinator (SC) on May 3, 2011, at approximately 12:30 p.m., confirmed that the training was not on file for review. The (SC) indicated the employees identified would be instructed to get the training right away.	I 227	Staff certification in CPR and first Aid are current and in their files. (see attached certifications). In the future the Support Coordinator will audit the personnel records monthly to ensure that all credentials and trainings are current and in the staff permanent files.	6/7/2011	
I 228	3510.5(e) STAFF TRAINING Each training program shall include, but not be limited to, the following: (e) Resident's rights; This Statute is not met as evidenced by: Surveyor: 19326 Based on interview, and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that one of thirteen employees had received training in residents rights. (Staff #4) The finding includes: During a record review at approximately 12:46 p.m. on May 3, 2011 revealed no evidence that Staff #4 had been trained on resident's rights.	I 228	The Support Coordinator has since trained the staff on 5/4/11. In the future the Support Coordinator will ensure that all staff shows up for training and issue disciplinary actions for those who failed to attend. One on one trainings will also be conducted for those who failed to attend to ensure compliance with trainings.	5/4/2011	

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1228	Continued From page 4 At approximately 4:45 p.m. interview with the support coordinator (SC) she indicated she did not know how the employee had not had the training but would correct this situation.	1228			
1399	3520.2(i) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (i) Speech and language therapy; and... This Statute is not met as evidenced by: Surveyor: 19326 Based on interview and record review, the group home for persons with intellectual disabilities (GHPID) failed to ensure that a copy of professional credentials was maintained for each individual providing professional services at the GHPID, as required by District of Columbia law, in the following discipline or area: (i) Speech and Language Therapy The finding includes: Interview with the facility support coordinator (SC) and review of the consultants personnel records	1399	The Speech and Language Therapist is not an employee of RCM of Washington. Through the prior authorizations the Support Coordinator has contacted the agency that the Therapist works under and has requested a copy of her credentials. In the future RCM staff will assure that consultants who are working for another agency credentials are obtained and maintained on file for review.		6/10/2011